

SAFETY TOWN REGISTRATION
LaGrange Police Department
301 Liberty Street
LaGrange, Ohio 44050



PLEASE PRINT LEGIBLY:

DATE: _____

Child's First Name: _____ Child's Last Name _____

Age: _____

Address: _____

Mother's Name _____ Phone number: _____

Father's Name _____ Phone Number _____

PLEASE SPECIFY THREE (3) AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD. No one other than the parent/guardian or the three listed names below will be permitted to pick up a child.

NO CHANGES WILL BE MADE TO THE PICKUP LIST AFTER THIS FORM IS SUBMITTED.

NO CHILD WILL BE RELEASED TO ANYONE, INCLUDING PARENTS, WITHOUT PHOTO IDENTIFICATION!

Name	Phone Number	Relationship to Child

Family Doctor: _____

Allergies: _____

Physician's Name: _____

Physician's Phone: _____

All classes will be held at the LaGrange Town Hall. Some activities will be held outdoors. Please send your child with the proper clothes, shoes, sunscreen, etc. Children with Flip Flops will be asked to sit out of the daily activities.

Child's shirt size: ____XS (4-5) ____S (6-8) ____M (10-12) ____L (14-16)

T-SHIRTS ARE LIMITED. IF THE SIZE YOU SELECTED IS NOT AVAILABLE, THE NEXT SIZE UP WILL BE GIVEN OUT.